

CRIMINAL JUSTICE ACT PANEL ATTORNEY FORM

- (1) NAME: _____
(First) (Middle) (Last)
- (2) FIRM NAME: _____
- (3) OFFICE ADDRESS: _____
P.O. Box (if any) and Street Address
- _____
(City) (State) (Zip Code)
- (4) COUNTY: _____
- (5) OFFICE TELEPHONE NO: _____ FAX NO: _____
(Area Code) (Telephone Number) (Area Code) (Fax Number)
- (6) HOME TELEPHONE NO: _____
(Area Code) (Telephone Number)
- (7) SOCIAL SECURITY NUMBER: _____
- (7a) FEDERAL TAX IDENTIFICATION NUMBER: _____
*(Please refer to Criminal Justice Act Information sheet before completing items 7 or 7a.)
- (8) EDUCATION BACKGROUND
- Undergraduate _____
- Law School _____
- (9) DATE OF ADMISSION: (a) State _____
(b) Federal _____
- (10) BRIEFLY DESCRIBE YOUR TRIAL EXPERIENCE
- | <u>FEDERAL</u> | <u>STATE</u> |
|--------------------|--------------------|
| Felony: _____ | Felony: _____ |
| _____ | _____ |
| _____ | _____ |
| Misdemeanor: _____ | Misdemeanor: _____ |
| _____ | _____ |
| _____ | _____ |

(11) HAVE YOU ATTENDED ANY SEMINARS ON THE FEDERAL SENTENCING GUIDELINES? ☐ Yes ☐ No

(12) I WOULD PREFER ASSIGNMENT OF CASES IN THE:
☐ Portland Office ☐ Bangor Office ☐ No Preference

(13) I HAVE EXPERIENCE IN THE FOLLOWING TYPES OF CRIMINAL CASES:

☐ Drugs/Narcotics ☐ Firearms ☐ Fraud
☐ Embezzlement ☐ Immigration ☐ Larceny/Theft
☐ Other _____

(14) I AM FLUENT IN A FOREIGN LANGUAGE(S): ☐ Yes ☐ No

Specify: _____

CJA ATTORNEY PAYEE REGISTRATION

NAME: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

MAILING ADDRESS: _____

TELEPHONE: _____

Indicate below how payments should be reported to the IRS:

_____ Under my social security number and name, as indicated above.

OR

_____ To the law firm with which I am affiliated. The law firm's
taxpayer identification number, name and address are:

Taxpayer Identification Number of Law Firm _____

Law Firm Name: _____

Law Firm Address: _____

Attorney Signature

Date